### ঘ $\infty$ M (T) 40206

14 SEP -2 PM 3: 27

#### **48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED**

(See Reverse Side for Instructions)

| 1 NAME OF COMMITTEE IN FULL<br>NEW HAMPSHIRE FOR S | COTT BROWN     |                                |                           | 7                                                                                                                                              |         |
|----------------------------------------------------|----------------|--------------------------------|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| ADDRESS (number and street) PO BOX 600             |                |                                |                           | -                                                                                                                                              |         |
| CITY, STATE, and ZIP CODE                          |                | NH 038                         | 370                       |                                                                                                                                                |         |
| 2. NAME OF CANDIDATE                               |                | 3. OFFICE SOUGHT (S            | State and District)       | 4. FEC IDENTIFICATION                                                                                                                          | NUMBER  |
| Mr. Scott Brown                                    |                | Senate                         | NH                        | C00560003                                                                                                                                      |         |
| 5. IS THIS AN AMENDMENT? NO. THIS IS A             | NEW FILING     | YES, IT AMENDS THE             | E NOTICE FILED ON         | //                                                                                                                                             |         |
| A. FULL NAME, MAILING ADDRESS AND ZIP CODE         |                | Name of Employer               |                           | Date (month,                                                                                                                                   | Amount  |
| JOHN MEIER                                         |                | RETIRED                        |                           | day, year)                                                                                                                                     |         |
|                                                    |                |                                |                           | 08/31/2014                                                                                                                                     | 2600.00 |
| 1537 CANNON MOUNTAIN DR                            |                |                                |                           |                                                                                                                                                |         |
|                                                    |                | Transaction ID : 65 Occupation | 5,3280                    | <del></del>                                                                                                                                    |         |
| LONGMONT                                           | CO 80503-2703  |                                |                           |                                                                                                                                                |         |
| B. FULL NAME, MAILING ADDRESS AND ZIP CODE         | 72.70          | Name of Employer               |                           | Date (month,                                                                                                                                   | Amount  |
| MR. FRED PRATT JR.                                 |                | RETIRED                        |                           | day, year)                                                                                                                                     |         |
|                                                    |                | 112711120                      |                           | 08/31/2014                                                                                                                                     | 1000.00 |
| 34 WEST CEDAR ST.                                  |                |                                |                           |                                                                                                                                                | 1000.00 |
|                                                    |                | Transaction ID : 65            | 5.3281                    |                                                                                                                                                |         |
| BOSTON                                             | MA 02108-1212  | Occupation<br>RETIRED          |                           |                                                                                                                                                |         |
| C. FULL NAME, MAILING ADDRESS AND ZIP CODE         |                | <del> </del>                   |                           | Doto (march                                                                                                                                    | A       |
| MR. ROGER A. SAYLER                                |                | Name of Employer               |                           | Date (month,<br>day, year)                                                                                                                     | Amount  |
| WIN. NOGER A. SATLER                               |                | RETIRED                        |                           | 2012412044                                                                                                                                     |         |
| 59 WHITE FALL LANE                                 |                |                                |                           | 09/01/2014                                                                                                                                     | 1600.00 |
|                                                    |                | Transaction ID: 65             | 3.3282                    |                                                                                                                                                |         |
| NEW CANAAN                                         | OT 000 40 0000 | Occupation                     |                           |                                                                                                                                                |         |
|                                                    | CT 06840-2038  | RETIRED                        |                           |                                                                                                                                                |         |
| D. FULL NAME, MAILING ADDRESS AND ZIP CODE         |                | Name of Employer               |                           | Date (month,<br>day, year)                                                                                                                     | Amount  |
| GEORGE SCHREIBER                                   |                | RETIRED                        |                           | ady, year)                                                                                                                                     |         |
| 1211 SPYGLASS LANE                                 |                |                                |                           | 09/01/2014                                                                                                                                     | 1000.00 |
| TET OF TOD GO EATHE                                |                | Transaction ID : 65            | 3303                      |                                                                                                                                                |         |
|                                                    |                | Occupation                     | .5205                     | -                                                                                                                                              |         |
| NAPLES                                             | FL 34102-7738  | RETIRED                        |                           |                                                                                                                                                |         |
| E. FULL NAME, MAILING ADDRESS AND ZIP CODE         |                | Name of Employer               | -T1                       | Date (month,                                                                                                                                   | Amount  |
| EDWARD STENGER                                     |                | ALIXPARTNERS                   |                           | day, year)                                                                                                                                     |         |
|                                                    |                |                                |                           | 09/01/2014                                                                                                                                     | 1000.00 |
| 450 PURCHASE STREET                                |                |                                |                           |                                                                                                                                                |         |
|                                                    |                | Transaction ID : 65.           | .3284                     |                                                                                                                                                |         |
| RYE                                                | NY 10580-1870  | CONSULTANT                     |                           |                                                                                                                                                |         |
| SIGNATURE (optional)<br>Paul Kilgore               |                |                                | <b>DATE</b><br>09/02/2014 | For further Information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100 |         |

than using the name and address of any political committee to solicit contributions from such committee.

(Revised 07/2011)

# 14020693846

## 48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

PAGE 2/2 ED

RECEIVED
SECRETARY OF THE SENATE
PUBLIC RECORDS

14 SEP -2 PM 3: 27

(See Reverse Side for Instructions)

| 1. NAME OF COMMITTEE IN FULL NEW HAMPSHIRE FOR SCOTT BROWN  ADDRESS (number and street) PO BOX 600  CITY, STATE, and ZIP CODE RYE  NH 03870  COntinuati  3. OFFICE SOUGHT (State and District) Mr. Scott Brown  Senate NH C00560003  5. ISTHIS AN AMENDMENT? NO. THIS IS A NEW FILING  YES. IT AMENDS THE NOTICE FILED ON  A. FULL NAME, MAILING ADDRESS AND ZIP CODE  Name of Employer  Date (month, day year) |            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| ADDRESS (number and street) PO BOX 600  CITY, STATE, and ZIP CODE  RYE.  NH 03870  COntinuati  3. OFFICE SOUGHT (State and District)  Mr. Scott Brown  Senate NH C00560003  5. ISTHIS AN AMENDMENT?  NO. THIS IS A NEW FILING  YES. IT AMENDS THE NOTICE FILED ON  A. FULL NAME, MAILING ADDRESS AND ZIP CODE  Name of Employer  Date (month,                                                                   |            |
| RYE NH 03870 CONTINUATE  2. NAME OF CANDIDATE Mr. Scott Brown Senate NH C00560003  5. ISTHIS AN AMENDMENT? NO. THIS IS A NEW FILING YES. IT AMENDS THE NOTICE FILED ON  A. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer Date (month,                                                                                                                                                                |            |
| 2. NAME OF CANDIDATE Mr. Scott Brown Senate NH C00560003  5. ISTHIS AN AMENDMENT? NO. THIS IS A NEW FILING VES. IT AMENDS THE NOTICE FILED ON  A. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer Date (month,                                                                                                                                                                                         |            |
| Mr. Scott Brown Senate NH C00560003  5. ISTHIS AN AMENDMENT? NO. THIS IS A NEW FILING YES. IT AMENDS THE NOTICE FILED ON /  A. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer Date (month,                                                                                                                                                                                                            |            |
| 5. ISTHIS AN AMENDMENT? NO. THIS IS A NEW FILING YES. IT AMENDS THE NOTICE FILED ON  A. FULL NAME, MAILING ADDRESS AND ZIP CODE  Name of Employer  Date (month,                                                                                                                                                                                                                                                 | ION NUMBER |
| A. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer Date (month,                                                                                                                                                                                                                                                                                                                                        |            |
| de institu                                                                                                                                                                                                                                                                                                                                                                                                      | _ /        |
| day year)                                                                                                                                                                                                                                                                                                                                                                                                       | Amount     |
| HERBERT TAYLOR BEYOND 100, LLC day, year)                                                                                                                                                                                                                                                                                                                                                                       |            |
| 30 PARKER ROAD 08/31/2014                                                                                                                                                                                                                                                                                                                                                                                       | 1000.00    |
| Transaction ID: 65.3285                                                                                                                                                                                                                                                                                                                                                                                         |            |
| Occupation                                                                                                                                                                                                                                                                                                                                                                                                      |            |
| OWNER                                                                                                                                                                                                                                                                                                                                                                                                           |            |
| B. FULL NAME, MAILING ADDRESS AND ZIP CODE  Name of Employer  Date (month, day, year)                                                                                                                                                                                                                                                                                                                           | Amount     |
| GARY TOOKER RETIRED day, year)                                                                                                                                                                                                                                                                                                                                                                                  |            |
| 15802 N 71ST ST #867                                                                                                                                                                                                                                                                                                                                                                                            | 1000.00    |
| 15802 N. 71ST ST. #657 Transaction ID: 65,3286                                                                                                                                                                                                                                                                                                                                                                  |            |
| Occupation                                                                                                                                                                                                                                                                                                                                                                                                      |            |
| SCOTTSDALE AZ 85254-7115 RETIRED                                                                                                                                                                                                                                                                                                                                                                                |            |
| C. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer Date (month,                                                                                                                                                                                                                                                                                                                                        | Amount     |
| GEORGE VANDERHEIDEN FIDELITY INVESTMENTS day, year)                                                                                                                                                                                                                                                                                                                                                             |            |
| 08/31/2014                                                                                                                                                                                                                                                                                                                                                                                                      | 1000.00    |
| PO BOX 669                                                                                                                                                                                                                                                                                                                                                                                                      |            |
| Transaction ID : 65.3287                                                                                                                                                                                                                                                                                                                                                                                        |            |
| WOLFEBORO NH 03894-0669 ADVISOR                                                                                                                                                                                                                                                                                                                                                                                 |            |
| ADVISOR                                                                                                                                                                                                                                                                                                                                                                                                         | Amount     |
| day, year)                                                                                                                                                                                                                                                                                                                                                                                                      | AHIOUS     |
|                                                                                                                                                                                                                                                                                                                                                                                                                 | 1000.00    |
| 9301 E THORNTON FRWY 08/31/2014                                                                                                                                                                                                                                                                                                                                                                                 | 1000.00    |
| Transaction ID : 65.3288                                                                                                                                                                                                                                                                                                                                                                                        |            |
| Occupation                                                                                                                                                                                                                                                                                                                                                                                                      |            |
| DALLAS TX 75228- RETIRED                                                                                                                                                                                                                                                                                                                                                                                        |            |
| E. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer Date (month, day, year)                                                                                                                                                                                                                                                                                                                             | Amount     |
|                                                                                                                                                                                                                                                                                                                                                                                                                 |            |
| Occupation                                                                                                                                                                                                                                                                                                                                                                                                      | i          |

DANA K. MCCALLUM SUPERINTENDENT

HART SENATE OFFICE BUILDING Surre 232 WASHINGTON, DC 20510-7116 PHONE: (202) 224-0322

### United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

| THE PRECEDING DOCUMENT WAS:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|
| HAND DELIVERED Date of Receipt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                            |
| Date of Receipt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ~                          |
| USPS FIRST CLASS MAILPostmar                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                            |
| Postmar                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | k                          |
| USPS REGISTERED/CERTIFIED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <u>k</u>                   |
| Postmar                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ĸ                          |
| USPS PRIORITY MAIL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |
| Postmar DELIVERY CONFIRMATION OR SIGNATURE CONF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            |
| USPS EXPRESS MAIL Postmar                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                            |
| Postmar                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | k ·                        |
| OVERNIGHT DELIVERY SERVICE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                            |
| SHIPPING DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | NEXT BUSINESS DAY DELIVERY |
| FEDERAL EXPRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            |
| UPS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | L                          |
| OHL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                            |
| AIRBORNE EXPRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                            |
| AIRBURILE LAI RESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |
| TO SECULATION OF THE PROPERTY | NANATCCIONI                |
| RECEIVED FROM FEDERAL ELECTION CO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Date of Receipt            |
| NO DO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | CTM A DIV                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | STMARK [                   |
| 9-2-14                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                            |
| FAX Date of Receipt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                            |
| Date of Receipt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            |
| OTHER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                            |
| Date of Receipt or Postmark                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | •                          |

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PREPARER\_\_\_\_

DATE PREPARED \_\_\_



SEN PATCH



SEN PATCH